

After giving anticipatory guidance, Mother made arrangement for a:  
HP HV CV Others: \_\_\_\_\_ None at this time

**FOR PEER COUNSELOR USE ONLY**

Date Received: \_\_\_\_\_ Date Initial Call Made: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Follow-up Date: \_\_\_\_\_



# WIC Breast Feeding Peer Counseling Program BFPC REFERRAL FORM



Guam

How to latch the baby properly?  
What if my baby refuses the breast?  
What if I don't make enough milk?



What if my baby is still in the hospital?  
What if I am going back to work or school?  
How to pump and store breast milk?

This institution is an equal opportunity provider.

Revised 1/2017

Guam WIC Program  
Department of Public Health & Social Services

The Breastfeeding Peer Counseling Program (BFPC) is a special **WIC Support Service** offered to all WIC pregnant and breastfeeding women.

The BFPC program provides:

- basic breastfeeding information
- support to help mothers meet their breastfeeding goals
- address breastfeeding questions and conduct assessments of concerns
- encouragement to breastfeed
- referral to a trained breastfeeding counselor



The program is available outside the usual WIC clinic hours and outside the WIC clinic environment such as your home or in the hospital.

If you are interested, please fill out and submit the form provided to any WIC Clinic. For more information, please call BFPC Manager @ 475-0302 or 488-5171



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## BFPC REFFERAL/ENROLL (SIGN-UP)

PG1

PG2

EN

PN

Name: \_\_\_\_\_ WIC ID# \_\_\_\_\_  
 Contact me by: \_\_\_Telephone \_\_\_Text \_\_\_Email  
 Telephone #: \_\_\_\_\_ Initial: \_\_\_  
 Text me at: \_\_\_\_\_ Initial: \_\_\_  
 Email Address: \_\_\_\_\_ Initial: \_\_\_

- Client is interested in receiving breastfeeding information.
- Client needs follow-up help with breastfeeding.
- Undecided to breastfeed.
- Breast Pump.
- Concerns/Topic of interest

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Expected Due Date:** \_\_\_\_\_  
 Delivering your baby at:  
 GMH       SAGUA       NAVAL HOSPITAL  
 OTHER \_\_\_\_\_       I don't know  
**Please visit me:**  
 Hospital       I'll come to the WIC Clinic       Other  
 Home (draw map on reverse side of form)  
 Address: \_\_\_\_\_

Baby's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Referred by: \_\_\_\_\_ (N.A.) Clinic: \_\_\_\_\_  
 Noted by: \_\_\_\_\_ (WIC Nutritionist)  
 WIC Certification Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

